



Atty. Dkt. No. 065691-0447

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: GUT et al.

Title: METHOD FOR HLA TYPING

Appl. No.: 10/580,646

371(c) Date: 02/06/2007

Examiner: Heather Calamita

Art Unit: 1637

Confirmation 5348
Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

02/18/2010 JADDU1 00000021 10580646

01 FC:1251

130.00 OP

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	13	-	21	=	0	x	\$52.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$390.00	=	\$0.00
CLAIMS FEE TOTAL									= \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$130.00	\$130.00
<input type="checkbox"/> Extension for response filed within the second month:	\$490.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$130.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$130.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
IDS fee:		\$180.00
TOTAL FEE:		\$310.00

A credit card payment form in the amount of \$310.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 16-FEB-2010

By 

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Customer Number: 22428
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Facsimile: (202) 672-5399

Rouget F. Henschel
Attorney for Applicant
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